

OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-012595		STN# 07		PRIMAR YES																																						
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-012595		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																																					
MM/DD/YY 08/21/2015		MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		ADDRESS / LOCATION OF INCIDENT 1310 GALISTEO PARKWAY				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00																																			
TIME 17:00		DAY OF WEEK FRID		TIME 09:06		DAY OF WEEK WED		TIME 09:06		DAY OF WEEK WED		ADDRESS / LOCATION OF INCIDENT 1310 GALISTEO PARKWAY		CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00																															
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING																											
		1 UNATTENDED DEATH				SFPD-08		N		C		90Z		NO		NO		NO				20						ALCOH. DRUG COMP UNK UNK UNK																									
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED				W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE				W-WHITE O-OTHER U-UNKNOWN			
		PERSON N CODE D		TYPE CODE I		INJURY CODE U		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) DAVID GREGORY																																													
		STREET ADDRESS 1310 GALISTEO PARKWAY				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87505																																					
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT 6' 00"		WEIGHT 190 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
		PERSON N CODE R		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) DOUGLAS																																													
		STREET ADDRESS 32 LOMAS DE TESEQU				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87506																																					
		RES. PHONE (505) 983-8331				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT 5' 09"		WEIGHT 165 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
		PROPERTY STATUS 5		PROPERTY TYPE 77		TYPE OF ITEM CD		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																																					
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) PHOTO CD		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																																									
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																																							
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																																									
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																																					
VALUE / DAMAGE EST.																																																					
SYNOPSIS		ON WEDNESDAY AUGUST 26, 2015 AN UNATTENDED DEATH WAS REPORTED.																																																			
CERT./STATUS		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.				YES NO <input type="checkbox"/> <input type="checkbox"/>		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE																																					
		REPORTING OFFICER (PRINT) DURAN, ROBERT				RANK POI		I.D. NO. 7459		DATE 08/26/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																																			
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE																																			
		APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE																																			
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)								CASE NO.				CASE NO.				CASE NO.																																			



OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-012604		STN# 04		PRIMAR YES																
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-012604		BURGLAR FORCE NO F. <input type="checkbox"/> <input checked="" type="checkbox"/>		NO. OF UNITS ENT. 0															
MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		ADDRESS / LOCATION OF INCIDENT 3522 CERRILLOS RD				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00													
TIME 11:38		DAY OF WEEK WED		TIME 12:30		DAY OF WEEK WED		TIME 14:10		DAY OF WEEK WED		ADDRESS / LOCATION OF INCIDENT 3522 CERRILLOS RD		CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00									
OFFENSE		OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING			
		1 AG BATTERY W/GREAT BODILY HARM						30-3-5C		F		C		90Z		NO		NO		NO		P		21		01		YES NO NO			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
		G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		C-CHINESE									
		R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				I-POSSIBLE INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN									
		H-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				L-SEVERE LACERATION		T-LOSS OF TEETH				J-JAPANESE									
		PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
		A		I		N		POCHOEMA																							
								TIMOTHY																							
								STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP													
								804 ALARID ST				SANTA FE		01		NM		87507													
								RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE											
																M		WHT BLK ASIA IND UNK													
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.	
						5' 09"		280 LBS		BLK		BRO																			
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																			
						V		I		M		ROYBAL																			
												JACQUELINE																			
												S																			
						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP															
						729 ALTO ST				SANTA FE		01		NM		87501															
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE													
						(505) 929-8567										M		WHT BLK ASIA IND UNK													
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.	
						5' 07"		115 LBS		BRO		BRO																			
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE											
						5		77		CD RECORDING																					
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.													
						1						CD RECORDING OF CALL																			
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE											
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.													
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR									
						VALUE / DAMAGE EST.																									
SYNOPSIS		ON WEDNESDAY AUGUST 26, 2015 AT APPROXIMATELY 1138 HOURS, OFFICERS WERE DISPATCHED TO 3522 CERRILLOS RD, PANDA EXPRESS REFERENCE TO A DOMESTIC DISPUTE BETWEEN A MALE AND FEMALE. CONTACT WAS MADE WITH FEMALE IDENTIFIED AS MS. JACQUELINE ROYBAL. LATER CONTACT WAS MADE WITH MALE PARTY IDENTIFIED AS MR. TIMOTHY POCOEMA. POCOEMA WAS LATER ARRESTED FOR AGGRAVATED BATTERY.																													
CERT./STATUS		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.		YES NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																			
		REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO		DATE													
		REAMS, GREG				POIII		7463		08/26/2015																					
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE									
		APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE									
												ACTIVE INACT. CLOSED U.F. CLA. CLE.																			
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.													
		DA																													



OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-012628		STN# 09		PRIMAR YES																		
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-012628		BURGLAR FORCE NO F		NO. OF UNITS ENT. 5																		
MM/DD/YY 08/26/2015		MM/DD/YY		MM/DD/YY 08/26/2015		ADDRESS / LOCATION OF INCIDENT GUADALUPE STREET AND MONTEZUMA				CITY SANTA FE		CTY. 01		ZIP 87501		GANG REL. YES NO F																		
TIME 14:59		DAY OF WEEK WED		TIME 14:59		DAY OF WEEK WED										HATE / BIAS MOT. CODE																		
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING								
						1																												
						ATTEMPTED ROBBERY																												
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE								
						G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BROKEN BONE		M-MINOR INJURY		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE						
						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				I-POSSIBLE INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN		J-JAPANESE						
						I-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				L-SEVERE LACERATION		T-LOSS OF TEETH				I-AMERICAN INDIAN/NATIVE AMERICAN		O-OTHER						
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
						A		I		N		PACHECO				JASON																		
						STREET ADDRESS				APT. NO.		CITY				CTY.		STATE		ZIP														
						6012 FLOR DEL SOL PLACE NW						ALBUQUERQUE				01		NM		87120														
						RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB		AGE		SEX				RACE		WHT		BLK						
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.								
						5' 08"		140 LBS		BLD		BRO																						
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
						V		I		N		BOUNDS				JASMINE																		
						STREET ADDRESS				APT. NO.		CITY				CTY.		STATE		ZIP														
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						4129 SOUTH MEADOWS				323		SANTA FE				01		NM		87507														
						RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB		AGE		SEX				RACE		WHT		BLK						
						(505) 412-8614														F														
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.								
						5' 02"		99 LBS		BRO		BLU																						
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE														
						5				COMPACT DISK																								
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																
												AUDIO RECORDING				08/26/15																		
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE														
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						5				SHIRT																								
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																
												SUSPECT'S SHIRT				08/26/15																		
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR												
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						VALUE / DAMAGE EST.																												
SYNOPSIS						ON 8-26-15 AT APPROXIMATELY 1459 HOURS, JASON PACHECO TRIED TO TAKE A PURSE FROM THE VICTIM'S PERSON. PACHECO WAS ARRESTED.																												
CERT./STATUS						I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.		YES NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																		
						REPORTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE																
						WAITE, SCOTT		PO IV		2064		08/26/2015																						
						ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE														
CERT./STATUS						APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		INCIDENT STATUS		EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE		DATE														
														ACTIVE INACT. CLOSED U.F. CLA. CLE.																				
CERT./STATUS						AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)																												
						DA																												



OCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-012590		STN#		PRIMAR YES								
ON		OR		BETWEEN											GEOGR. CODE 01075		CASE NUMBER 15-012590		BURGLAR FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. OF UNITS ENT.								
MM/DD/YY 08/25/2015		MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		AGENCY SANTA FE PD																							
TIME 07:00		DAY OF WEEK TUE		TIME 07:30		DAY OF WEEK WED		ADDRESS / LOCATION OF INCIDENT 2679 VIA CABALLERO DEL NORTE							CITY SANTA FE		CTY. 01		ZIP 87505		HATE / BIAS MOT. CODE 00								
OFFENSE / INCIDENT		STATUTE OR ORDINANCE		FEL./ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
																								ALCOH.		DRUG		COMP.	
1 LARCENY		16-11.1		M		C		23F		NO		NO		NO				20		01 01 01		UNK UNK NO							
<b>PERSON CODES</b> G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED V-VICTIM C-CITED S-SUSPECT A-ARRESTED W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY O-OTHER TYPE CODES P-POLICE G-GOVERNMENT I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST. Q-OTHER U-UNKNOWN INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH U-UNCONSCIOUSNESS N-NONE ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE I-AMERICAN INDIAN/NATIVE AMERICAN A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE W-WHITE O-OTHER U-UNKNOWN																													
PERSON CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) CHARLES CAMPBELL																							
STREET ADDRESS 2679 VIA CABALLERO DEL NORTE										APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505			
RES. PHONE (505) 438-0525					BUS. PHONE					SOCIAL SECURITY NO.					DOB			AGE		SEX M		RACE WHT BLK ASIA IND UNK							
HEIGHT 5' 05"		WEIGHT 170 LBS		HAIR BRO		EYES GRN		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.					
PERSON CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP			
RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB			AGE		SEX		RACE WHT BLK ASIA IND UNK							
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.					
PROPERTY STATUS 1		PROPERTY TYPE 38		TYPE OF ITEM LICENSE PLATE				MAKE / BRAND NEW MEXICO				MODEL				CALIBER		VALUE \$25.00		DRUG VALUE									
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) TURQUOISE						SERIAL / OAN MYZ813				DATE RECOVERED		N.I.C. NO. P295695301											
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE									
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.											
YEAR 2008		MAKE KIA				MODEL RIO				BODY STYLE 4D				LICENSE NO. MYZ813		LIC. YEAR 2016		LIC. ST. NM		TOP COLOR WHI		BTM. COLOR WHI							
VALUE / DAMAGE EST.																													
SYNOPSIS ON AUGUST 26, 2015, CHARLES CAMPBELL CALLED THE POLICE DEPARTMENT TO REPORT THE LICENSE PLATE DISPLAYED ON HIS WHITE 2008 KIA RIO WAS STOLEN SOMETIME BETWEEN THE EVENING OF AUGUST 25, 2015 AND THE MORNING OF AUGUST 26, 2015. MR. CAMPBELL STATED THE VEHICLE WAS PARKED IN HIS DRIVEWAY. LICENSE PLATE IS MYZ813/NM. THERE ARE NO SUSPECTS AT THIS TIME. LICENSE PLATE IS VALUED AT \$25.																													
CERT./STATUS 1 WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> 1 UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE. COMPLAINTANT / VICTIM CERTIFICATION SIGNATURE X DATE REPORTING OFFICER (PRINT) RANK PO IV I.D. NO. 2742 DATE 08/26/2015 DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO I.D. NO. DATE ASSISTING OFFICER (PRINT) RANK I.D. NO. DATE PROCESSED BY DATE DATA ENTRY PERSON DATE APPROVING OFFICER (PRINT) RANK I.D. NO. DATE INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CL.E. <input type="checkbox"/> EXCEPT CODE A-DEATH OF OFFENDER DECLINED B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE DATE 08/26/2015 AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) CASE NO. CASE NO. CASE NO.																													



OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.	INCIDENT NO.	STN#	PRIMAR						
ON OR BETWEEN											YES						
MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	AGENCY				GEOGR. CODE	CASE NUMBER	BURGLAR FORCE NO F.	NO. OF UNITS ENT.						
08/26/2015		08/26/2015		SANTA FE PD				01075	14-004405	<input type="checkbox"/> YES <input type="checkbox"/> NO							
TIME	DAY OF WEEK	TIME	DAY OF WEEK	ADDRESS / LOCATION OF INCIDENT				CITY	CTY.	ZIP	GANG REL. YES NO						
00:08	WED	00:08	WED	JAMES AVE / SIRINGO ROAD				SANTA FE	01	87501	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
OFFENSE / INCIDENT				STATUTE OR ORDINANCE	FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING			
1 WARRANT SERVICE				SFPD-03	M	C	90Z	NO	NO	NO		13			ALCOH.	DRUG	COMP.
PERSON CODES		V-VICTIM	W-WITNESS	S-OTHER	TYPE CODES		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE				
G-PARENT/GUARDIAN	C-CITED	D-DECEASED	S-SUSPECT	M-MISSING PERSON/ A-ARRESTED RUNAWAY	I-INDIVIDUAL	G-GOVERNMENT	O-OTHER	U-UNKNOWN	B-APPARENT BROKEN BONE	M-APPARENT MINOR INJURY	U-UNCONSCIOUSNESS	N-NONE	H-HISPANIC/MEXICAN	C-CHINESE			
R-REPORTING PERSON	S-SUSPECT	D-DECEASED	S-SUSPECT	M-MISSING PERSON/ A-ARRESTED RUNAWAY	B-BUSINESS	R-RELIGIOUS	S-SOCIETY/PUB		I-POSSIBLE INTERNAL INJURY	O-OTHER MAJOR INJURY	T-LOSS OF TEETH		J-JAPANESE	O-OTHER			
H-INTERVIEWED	S-SUSPECT	D-DECEASED	S-SUSPECT	M-MISSING PERSON/ A-ARRESTED RUNAWAY	F-FINANCIAL INST.	S-SOCIETY/PUB			L-SEVERE LACERATION	T-LOSS OF TEETH			I-AMERICAN INDIAN/NATIVE AMERICAN	U-UNKNOWN			
PERSO N CODE	TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)														
A	I	N	WHEELER VINCENT E														
STREET ADDRESS				APT. NO.	CITY				CTY.	STATE	ZIP						
539 W SAN FRANCISCO STREET					SANTA FE				01	NM	87501						
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB	AGE	SEX	RACE				
(505) 316-3927												M	WHT BLK ASIA IND UNK				
HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	AGG. ASSAULT JUST. HOM. CODE	VICTIM OF OFF. NO.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.			
5' 06"	185 LBS	BRO	BRO														
PERSO N CODE	TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)														
STREET ADDRESS				APT. NO.	CITY				CTY.	STATE	ZIP						
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB	AGE	SEX	RACE				
													WHT BLK ASIA IND UNK				
HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	AGG. ASSAULT JUST. HOM. CODE	VICTIM OF OFF. NO.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.			
PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE					
SUSPECTED DRUG TYPE	QUANTITY	UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN		DATE RECOVERED		N.I.C. NO.						
PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE					
SUSPECTED DRUG TYPE	QUANTITY	UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN		DATE RECOVERED		N.I.C. NO.						
YEAR	MAKE	MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR	LIC. ST.	TOP COLOR		BTM. COLOR					
1999	DODG	NEO		4D		MYZ883		2016	NM	MAR		MAR					
VALUE / DAMAGE EST.																	
SYNOPSIS																	
ON AUGUST 26, 2015 AT APPROXIMATELY 0008 HOURS AT THE INTERSECTION OF JAMES AVENUE AND SIRINGO ROAD POLICE CONTACTED VINCENT WHEELER AS HE WAS SITTING IN A SUSPICIOUS VEHICLE. HE WAS SUBSEQUENTLY PLACED UNDER ARREST FOR A FIVE HUNDRED DOLLAR CASH ONLY OUTSTANDING MUNICIPAL COURT WARRANT (SH-2014-0000123) SIGNED BY JUDGE ANN YALMAN. WHEELER DOES NOT HAVE ANY MINOR CHILDREN OR DEPENDANTS IN HIS CARE.																	
CERT./STATUS																	
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES	NO	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE							
REPORTING OFFICER (PRINT)				RANK	I.D. NO.	DATE	DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE						
SENA, LUCAS				PO II	7056	08/26/2015											
ASSISTING OFFICER (PRINT)				RANK	I.D. NO.	DATE	PROCESSED BY		DATE	DATA ENTRY PERSON							
APPROVING OFFICER (PRINT)				RANK	I.D. NO.	DATE	INCIDENT STATUS		EXCEPT CODE		DATE						
							ACTIVE INACT. CLOSED U.F. CL.A. CLE.		DECLINED								
							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE								
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)						CASES CLEARED BY THIS ARREST		CASE NO.		CASE NO.							
						CASE NO.											



OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET								ORI NO. NM0260100		INCIDENT NO. 14-013832		STN# 02		PRIMAR YES	
ON OR BETWEEN																							
MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		MM/DD/YY 08/26/2015		AGENCY SANTA FE PD		GEOGR. CODE 01075		CASE NUMBER 14-013832		BURGLAR FORCE NO		NO OF UNITS ENT.									
TIME 00:15		DAY OF WEEK WED		TIME 00:35		DAY OF WEEK WED		TIME 00:40		DAY OF WEEK WED		ADDRESS / LOCATION OF INCIDENT 1114 CAMINO CARLOS REY		CITY SANTA FE		CTY. 01		ZIP 97505		GANG REL. YES		HATE / BIAS MOT. CODE	
OFFENSE / INCIDENT																							
STATUTE OR ORDINANCE																							
FEL/ MISD.																							
ATTEMPTED/ COMPLETED																							
UCR OFFENSE CODE																							
DOM. VIOL.																							
SEX CRIME?																							
CHILD																							
CRIMINAL ACTIVITY CODE																							
LOCAT. CODE																							
WEAPON CODE UP TO 3 PER OFFENSE																							
OFFENDER(S) SUSPECTED OF USING																							
ALCOH.																							
DRUG																							
COMP.																							
PERSON CODES																							
V-VICTIM																							
W-WITNESS																							
D-OTHER																							
TYPE CODES																							
P-POLICE																							
Q-GOVERNMENT																							
U-UNKNOWN																							
I-INJURY CODES																							
B-BROKEN BONE																							
M-MINOR INJURY																							
U-UNCONSCIOUSNESS																							
ETHNIC CODES																							
A-ASIAN/ORIENTAL																							
C-CHINESE																							
J-JAPANESE																							
W-WHITE																							
O-OTHER																							
U-UNKNOWN																							
PERO N CODE																							
TYPE CODE																							
INJURY CODE																							
1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
JUDE M																							
STREET ADDRESS																							
APT. NO.																							
CITY																							
CTY.																							
STATE																							
ZIP																							
RES. PHONE																							
BUS. PHONE																							
SOCIAL SECURITY NO.																							
DOB																							
AGE																							
SEX																							
RACE																							
HEIGHT																							
WEIGHT																							
HAIR																							
EYES																							
ETHNIC																							
AGG. ASSAULT JUST. HOM. CODE																							
VICTIM OF OFF. NO.																							
VICTIM OF SUSP. NO.																							
REL.																							
VICTIM OF SUSP. NO.																							
REL.																							
VICTIM OF SUSP. NO.																							
REL.																							
PROPERTY STATUS																							
PROPERTY TYPE																							
TYPE OF ITEM																							
MAKE / BRAND																							
MODEL																							
CALIBER																							
VALUE																							
DRUG VALUE																							
SUSPECTED DRUG TYPE																							
QUANTITY																							
UNIT OF MS.																							
DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)																							
SERIAL / OAN																							
DATE RECOVERED																							
N.I.C. NO.																							
PROPERTY STATUS																							
PROPERTY TYPE																							
TYPE OF ITEM																							
MAKE / BRAND																							
MODEL																							
CALIBER																							
VALUE																							
DRUG VALUE																							
SUSPECTED DRUG TYPE																							
QUANTITY																							
UNIT OF MS.																							
DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)																							
SERIAL / OAN																							
DATE RECOVERED																							
N.I.C. NO.																							
YEAR																							
MAKE																							
MODEL																							
BODY STYLE																							
LICENSE NO.																							
LIC. YEAR																							
LIC. ST.																							
TOP COLOR																							
BTM. COLOR																							
VALUE / DAMAGE EST.																							
SYNOPSIS																							
ON AUGUST 26, 2015 AT APPROXIMATELY 0035 HOURS WHILE ON A CALL REGARDING A DISORDERLY. I CAME INTO CONTACT WITH MR.JUDE SOLIS AND SUBSEQUENTLY ARRESTED HIM ON DISTRICT COURT WARRANT #D-0101-CR-201500227 FOR FAILURE TO COMPLY WITH CONDITIONS OF PROBATION. THE SIGNING JUDGE IS MARY MARLOWE SOMMER AND THERE IS NO BOND. MR. SOLIS WAS NOT IN CARE OF PETS OR MINOR CHILDREN AT THE TIME OF HIS ARREST.																							
CERT./STATUS																							
I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.																							
YES																							
NO																							
I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.																							
COMPLAINANT / VICTIM CERTIFICATION SIGNATURE																							
X																							
DATE																							
REPORTING OFFICER (PRINT)																							
CASIAS, RAYMOND																							
RANK																							
POI																							
I.D. NO.																							
7208																							
DATE																							
08/26/2015																							
ASSISTING OFFICER (PRINT)																							
RANK																							
I.D. NO.																							
DATE																							
PROCESSED BY																							
DATE																							
DATA ENTRY PERSON																							
DATE																							
APPROVING OFFICER (PRINT)																							
VARELA, CIPRIANO																							
RANK																							
SGT																							
I.D. NO.																							
4209																							
DATE																							
08/26/2015																							
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)																							
INCIDENT STATUS																							
ACTIVE																							
INACT.																							
CLOSED																							
U.F.																							
CLA.																							
CLE.																							
EXCEPT CODE																							
N																							
A-DEATH OF OFFENDER																							
B-PROSECUTION DECLINED																							
C-EXTRADITION DENIED																							
D-VICTIM REF. TO COOPERATE																							
E-JUVENILE NO CUSTODY																							
F-NOT APPLICABLE																							
CASES CLEARED BY THIS ARREST																							
CASE NO.																							
CASE NO.																							
CASE NO.																							